



SECRETARY OF THE STATE OFFICE
30 TRINITY STREET, P.O. BOX 150470
HARTFORD, CT 06115-0470

APPLICATION FOR A CERTIFICATE OF REGISTRATION OF A COLLECTIVE MARK
Filing Fee: \$50.00

1. Name of Applicant/Owner: _____		
2. Address of Owner: _____ _____ _____ (Street/City/State/Zip Code)		3. State or Country of Formation of the Owner, <i>if other than a natural person</i> : _____ (Partnerships – reference & attach 8 1/2x11 list of partners)
4. Please provide a complete description of the mark: _____ _____		
5. The goods or services on or in connection with which the mark is used: _____ _____		
6. Use this space to disclaim the exclusive right to use any descriptive or generic components of the marks: _____ _____ _____		
7. The date on which the mark was first used anywhere: _____ (month/day/year)		
8. The date on which the mark was first used in Connecticut: _____ (month/day/year)		
9. The mode, manner or method of applying, affixing or otherwise using the mark on or in connection with such goods or services: _____		
10. Have applications to register the mark or portions or composites thereof been filed in the United States Patent Office? _____		
11. If No. 10 was answered Yes, indicate the filing date, serial number, status, and if registration was refused, the reasons for such refusal: _____		
The applicant is the owner of the mark. The applicant asserts that the mark is not known to be the subject matter of an existing federal registration granted to another and to the best of the applicant's knowledge, no other person has the right to use such mark in this state either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake or to deceive the public. The applicant hereby declares under the penalties of false statement that the statements made in the foregoing application are true.		
12. Date of Execution _____ month./day/year	13. _____ Name of Applicant _____ Business Address of Applicant	14. _____ Print/Type name of signatory Title of signatory if applicable: _____ 15. _____ Signature
16. The applicant must submit three specimens or photographs of the mark as actually used in this state.		

Please make appropriate reference to attachments if additional space is needed